

C36



**State of Oklahoma
 Office of Management &
 Enterprise Services
 Human Capital Management Division**

**HCM-14
 Request for Personnel Action**

Agency Name and Number: **Oklahoma Department of Corrections, #131** Current Date: **3/28/2019**

Approval of the following action is requested for (Include Last name, full First name and middle initial).
McCoy, Sharon L.

SSH (New Hires Only):	Employee ID: 127797	Effective Date: 3/18/2019
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State Certificate No: _____ <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Reinstatement <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Unclassified: By Law (Cite Authority in Remarks) <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Performance Pay <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment (Letter Required) <input type="checkbox"/> Name Change
<input type="checkbox"/> Application Attached	<input type="checkbox"/> Application on File at HCM	Date of Last Service Review:

LEAVE: Specify Duration:

<input type="checkbox"/> Sick Leave Without Pay	<input type="checkbox"/> Military Leave With Pay	<input type="checkbox"/> Suspension Without Pay
<input type="checkbox"/> Leave Without Pay	<input type="checkbox"/> Military Leave Without Pay	<input type="checkbox"/> Return from Suspension
<input type="checkbox"/> Return From Leave	<input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Other (Explain in Remarks Section)

Current		Proposed
Warden, 1176	HCM Code & Title	Warden, 1176
EWCO / 1611100 / 101	Unit / Dept ID / Claim Group	JDCO / 0111100 / 100
UNC / \$5,412.69	Pay Band / Salary	UNC / \$5,412.69
13109437 38EW	PIN # / WLOC Code	13100641 32JD
	Is this a Supervisory Position?	Check One: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Remarks:

No 92 required per Executive Order 2019-3.

Employee resigns current unclassified appointment to accept new unclassified appointment, per 74 O.S. 840-5.11. All benefits to remain the same.

RDO; S/S

M1E
 8310
 EST

Employed by this Agency From: _____ To: _____

Signature: _____ Date: **4-9-19**

Appointing Authority/Title

Signature: **Sina Hicks** Director, Administration Date: **4-10-19**

Division Chief or Department/Title

Betty M. Serri W.

OMES - HCM 014
 Revised: HCM 05/14 (DOC 04/17)

Done

